

DRUG ABUSE TREND REPORT DETROIT/WAYNE COUNTY, MICHIGAN

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DRUG ABUSE TRENDS IN DETROIT/WAYNE COUNTY AND MICHIGAN

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Abstract

Cocaine indicators continue to stabilize, with a less than three percent increase in deaths in Detroit/Wayne County (406 deaths) in 2001 and hospital emergency department (ED) mentions (two percent in 2000) for southeast Michigan. There are declines in cocaine deaths in the first three months of 2002, and in ED mentions in the first half of 2001. Cocaine (primarily crack) remains the top illicit primary drug among treatment admissions statewide, but it is exceeded by marijuana when considering overall drug use among statewide treatment admissions in FY 2001. Findings of cocaine among drug tests conducted on arrestees in Wayne County show a small decline in 2000, with 24 percent of males and 42 percent of females positive. Data for the third quarter of 2001 show a continuing decline (to 22 percent) of cocaine use by male arrestees. Availability and prices are stable. Large increases in the volume of seizures of cocaine occurred in 2002.

Heroin indicators are most recently showing signs of stabilizing, after a period of prior increases. Deaths with positive toxicology for heroin in Wayne County increased by less than two percent in 2001, to a total of 465 cases, and are declining in the first three months of 2002. The ED mentions for heroin had increased by 25 percent in 2000 in southeast Michigan, but they increased by nine percent in the first half of 2001. Heroin ranks third among statewide treatment admissions when considering overall drug use in FY 2001. After a steady rise in purity and decline in price per pure milligram from the early 1990s until 1999, during 2000 purity declined and price almost doubled. In 2001, purity ranged from 36.9 to 71.7 percent. Heroin use among arrestees in Wayne County during 2000 and 2001 were stable for males and increased slightly for females in 2000.

Data for other opiates reflect increasing abuse of some drugs in this group. Codeine remains predominant and stable. Hospital ED mentions for hydrocodone continue to increase sharply in southeast Michigan. Oxycodone (Oxycontin) is now beginning to show up in some indicators after anecdotal reports of abuse of this drug began during early 2001.

Marijuana remains the top illicit drug of abuse both in Detroit/Wayne County and across Michigan. Indicators remain stable.

Indicators for stimulants are increasing. Methamphetamine labs seizures continue to steadily increase; there were 40 labs seized in 2000 in Michigan and about 100 such seizures in 2001. Based on Michigan State Police lab seizures in the first five months of 2002 (105 labs), it is expected that lab seizures will double by year end 2002. There continue to be no mentions of methamphetamine in southeast Michigan EDs. Indicators show users in many rural parts of Michigan, primarily outside of metropolitan Detroit. The southwest part of lower Michigan appears to have the most methamphetamine users at this time. Depressants and hallucinogens remain low and stable across all indicators of abuse.

Among club drugs, indicators reflect increasing abuse in Michigan of ecstasy. Seizures are up sharply and cases are now being reported in E.D drug mentions for southeast Michigan. Samples of pills sold as ecstasy often contain other drugs altogether, and some contain no identifiable drugs. Abuse of ketamine appears to be stable and relatively low. Abuse of GHB or GBL continues to decline.

Intentional abuse of over-the-counter Coricidin HBP (used for coughs and flu) containing dextromethorphan continue to be increasingly encountered by Children's Hospital of Michigan Poison Control Center covering eastern parts of Michigan. Users are virtually all teens or twenty-somethings, and split almost evenly between males and females. Male users tend to be slightly older (16 years old) compared to females (14 years old).

Through January 1, 2001, Michigan has a cumulative total of 11,925 AIDS cases; 30 percent of these cases are injecting drug users.

INTRODUCTION

1. Area Description

Detroit and surrounding Wayne County, located in the southeast corner of Michigan's lower peninsula, had a population of 2.1 million residents in 2000, representing 21 percent of Michigan's 9.9 million population (8th largest state in the U.S.). The Detroit metropolitan area ranks tenth among the major U.S. population centers. The city of Detroit population was 951,000 in 2000. Michigan gained 6.9 percent in population between 1990 and 2000. Population growth above the statewide average occurred in those age 10-14 years (12 percent), in those age 15-17 (8.5 percent) and those age 5-9 (7.6 percent). There was net population loss among those under five years of age (4.3 percent) by 2000 due to declining birth rates since the mid-1990s. Several factors contribute to probabilities of substance abuse in the state:

- A major international airport (in 2000 there were 277,688 flights) and numerous large (the 10 other Michigan airports which also have international flights totaled more than 200,000 arriving flights in 2000) and small airports (Michigan has 235 public and private airports).
- An international border of 700 miles with Ontario, Canada; land crossings at Detroit, Port Huron, and Sault Ste. Marie; and water crossings through three Great Lakes and the St. Lawrence Seaway, which connects to the Atlantic Ocean. Between Port Huron and Monroe there are many places along the 85 miles of heavily developed waterway that are less than a half-mile wide to Canada. Michigan has 940,000 registered boats. Two major bridge crossings to Canada (Windsor Tunnel and Ambassador Bridge) in 2001 had 7.9 million cars, 1.7 million trucks and 93,000 buses cross over into Detroit. Southeast Michigan, the busiest port on the northern U.S. border, had about 21 million vehicle crossings with Canada in 2000.
- Numerous colleges and universities, with many students with out-of-state or international origins.
- A large population of skilled workers with relatively high income (especially in the auto industry), as well as a large population with low or marginal employment skills.
- Chronic structural unemployment problems exist. Michigan has prospered in recent economic periods, with low unemployment. In April 2002, statewide unemployment was stable at 6.0 percent.

2. Data for this report were drawn from the following sources:

Office of Applied Studies, Substance Abuse and Mental Health Services Administration (OAS/SAMHSA)

Hospital ED data from the Drug Abuse Warning Network (DAWN) through the first half of 2001 (preliminary data).

Division of Mental Health Performance, Michigan Department of Community Health
Statewide and Detroit/Wayne County treatment admissions data, as reported by state and federally-funded programs. Reporting practices which changed on October 1, 1998, impact on capability to reliably track trends in client characteristics, drugs of abuse, and other data reported in admissions records. During FY 2001, there were revisions in state reporting requirements which also challenged reporting continuity. Admissions volume reported has been declining over the past several years; it is difficult to identify if changes in data are due to reporting practices or reflect actual changes in the populations entering treatment. Some additional analysis of FY 2001 data will be included here. There have been software delays effecting FY 2002 and large volumes of unresolved errors in data submissions that have resulted in not having any FY 2002 data available at the time this report is being written.

Wayne County Office of the Medical Examiner

Data on deaths with positive drug toxicology from 1993 through March 2002. Drug tests are routine when the decedent had a known drug use history, was younger than age 50, died of natural causes or homicide, was a motor vehicle accident victim, or there was no other clear cause of death.

National Institute of Justice

Arrestee Drug Abuse Monitoring (ADAM) program data based on a sample of arrestees in Detroit/Wayne County, as collected by Michigan State University. Data for 2000 is for adult arrestees, and is based on a weighted sample for males and an unweighted sample for females. The ADAM sampling plan was revised in 1999 and 2000, as directed by the National Institute of Justice, in an effort to gain data that would statistically be representative of Wayne County arrestees. Earlier data was for city of Detroit arrestees only. Caution is suggested in examining comparisons between 1999 and 2000 findings. Data for 2001 is for the third quarter only, and is only for male arrestees.

Michigan State Police

Intelligence data

Drug Enforcement Administration

Intelligence data

High Intensity Drug Trafficking Area Investigative Support and Deconfliction Center -
Southeast Michigan
FY 2002 Threat Assessment information

Children's Hospital of Michigan Poison Control Center
Contact data on cases of intentional abuse of substances for 2002 through mid-May. This Center is one of two in Michigan; their catchment area is primarily eastern Michigan yet contacts can originate from anywhere.

Michigan Department of Community Health
Acquired immunodeficiency syndrome (AIDS) data and HIV prevalence estimates as of January 1, 2002. Hepatitis C trend data statewide. Statewide mortality data on amphetamines/stimulants mentions.

Wayne County Department of Criminal Justice
Juvenile Detention Drug Testing data

DRUG ABUSE PATTERNS AND TRENDS

1. Cocaine and Crack

Between 1994 and 1999, cocaine was the most frequent ED drug mention in Detroit metropolitan counties (Exhibits 1 and 2). The Detroit area rate of cocaine mentions per 100,000 population for 1999 was 178 cases; in 2000 the rate was 179 cases. During 2000 the 7,870 cocaine mentions were an increase of two percent over 1999. Preliminary data for the first-half of 2001 suggests that there could be a decrease of about eight percent for the year, compared to 2000.

The typical cocaine hospital ED cases continued to be 35-44 years of age or older males who came to the ED seeking help for chronic effects or unexpected reaction and were treated and released in a multi-drug involved episode.

Cocaine (including crack) has been the foremost primary illicit drug of abuse among admissions to state-funded treatment programs in Detroit/Wayne County, and statewide since FY 1986. During FY 2001, cocaine/crack remained the top illicit drug among statewide (18 percent of total) admissions. However in Detroit/Wayne County while cocaine represented 28 percent of total admissions, it was exceeded by heroin admissions which were 34 percent of total admissions. No treatment data was available for FY 2002 at the time of preparing this report.

Deaths with positive drug toxicology for cocaine in Detroit/Wayne County were basically stable between 1994 and 1999 with plus/minus 12 percent fluctuations year-to-year (Exhibit 3). In 2000, there was a 16 percent increase in cocaine deaths over 1999. For 2001, cocaine deaths increased by three percent over 2000, to 406 cases. In the first

three months of 2002, there have been 85 cocaine deaths, which may signal a declining trend.

Cocaine use among city of Detroit arrestees has been generally declining since the peak of 53 percent found in 1987, with some fluctuations year to year to stabilize between 25-30 percent more recently (Exhibit 5). In 1999, cocaine positive drug tests were found among 27 percent of male adult arrestees and 46 percent of adult female arrestees. For 2000, 24 percent of male arrestees (weighted Wayne County sample) were found positive for cocaine, while 42 percent of female arrestees (unweighted Wayne County sample) were positive for cocaine. Unweighted results for male arrestees in the third quarter of 2001 were 22 percent cocaine positive; no data for females is available.

Wayne County Department of Criminal Justice, Juvenile Detention Facility drug testing data for 2001 showed 91 (just over two percent) of 4,274 youths tested were positive for cocaine.

Cocaine powder and crack availability, prices and purity remain relatively stable. Ounce and kilogram prices have been stable for at least the past seven years. Crack rocks now typically cost \$5-\$50 (a wider range than previously), with \$10 being the most common unit price in Detroit neighborhoods, while higher priced units are more typical outside Detroit. Small plastic bags or aluminum foil are now the most common packaging.

Numerous organizations distribute cocaine in the metropolitan area and statewide, according to the FY 2002 Threat Assessment produced by the Southeast Michigan High Intensity Drug Trafficking Area center. The Detroit metropolitan area remains a source hub for other areas of the midwest. Gangs control a number of distribution points and are major suppliers to many markets.

United States Customs in Detroit reported seizing 161 kilograms of cocaine during the six months following September 2001, compared to 28 kilograms in the six months before that point. The Michigan State Police made more large (multi-kilogram) seizures in the past several months in many urban areas outside Detroit, compared to prior time periods.

2. Heroin

Hospital ED mentions for heroin have trended gradually upward since 1992 (Exhibits 1 and 2). In 1999, the Detroit metropolitan area rate of heroin mentions was 61.5 per 100,000 population, while in 2000 this rate was 75.8. Heroin ED mentions increased by 25 percent in 2000 compared to 1999. Preliminary data from the first half of 2001 suggest there could be a nine percent annual increase in heroin mentions in 2001. The typical heroin ED case continues to be 45-54 years old males seeking help in emergency rooms for chronic effects or unexpected reaction to heroin who are treated

and released.

Heroin as the primary drug among treatment admissions in FY 2001 accounted for 34 percent of all admissions in Detroit/Wayne County and 14 percent of admissions statewide. The 4,461 heroin primary drug admissions in Detroit/Wayne County accounted for 57 percent of the statewide total of 7,857 heroin primary drug admissions. There is no available treatment data for FY 2002 at the time of preparing this report.

Heroin deaths have been steadily increasing in Detroit/Wayne County since 1992 (Exhibit 3). In 1996, there were 240 heroin-present deaths; by 2000 the annual number of such cases nearly doubled. The 383 deaths with heroin metabolites present in 1999 were a 24 percent increase over 1998. During 2000, heroin cases increased again by 23 percent over the 1999 total. During 2001, there were 465 heroin-present deaths; this compares to 473 such deaths in 2000. During the first three months of 2002, there have been 112 heroin-present deaths which may signal a decline is beginning.

Findings of 6-monoacetylmorphine (or 6-AM, tested for since 1996 by the Wayne County Medical Examiner laboratory) among decedents to parallel increases in heroin (morphine) positivity. Up until near the end of 2001, findings of 6-AM tracked at about half the level found of heroin-present cases. Findings of this drug are most often typical in decedents with more acute effects of heroin use. In late 2001 and in the first three months of 2002, there were roughly four heroin (morphine) cases for every one case of 6-AM found.

In neighboring Macomb County, drug deaths declined slightly in 2001, after increasing since 1998; these involve primarily heroin (Exhibit 4).

Findings of heroin metabolites in drug testing of city of Detroit arrestees has been relatively stable since 1995, with 5-10 percent of adult males and 9-24 percent of adult females (relatively small samples likely impact year-to-year fluctuations) found positive (Exhibit 5). In 1999, nine percent of a sample of male arrestees in Detroit were found to be heroin positive, while in 2000 some eight percent of a weighted sample of Wayne County arrestees were found positive. Among females in the 1999 sample of Detroit arrestees, approximately 16 percent were found positive, while in 2000 some 24 percent of the unweighted Wayne County sample were found heroin positive. Unweighted results for male arrestees found opiate positive in the third quarter of 2001 were stable at eight percent; no data for females is available.

The Wayne County Department of Criminal Justice Juvenile Detention Facility drug testing data for 2001 showed 99 (2.3 percent) of 4,274 youths tested were found positive for opiates.

Nearly all available heroin remains white in color. South America (Columbia) remains the dominant source, although in the past two years or so heroin originating from both

Southeast Asia and the Middle East have been identified. Heroin from these latter two sources had not been very common between the mid-1990s and 2000. Heroin originating in Mexico is available in some parts of Michigan outside of the Detroit metropolitan area.

Heroin street prices have remained stable and relatively low in Detroit. Packets or hits available in Detroit are typically in \$10 units, while outside of this area units sometimes cost \$15 on an individual basis. Bundles of 10 hits cost between \$75-\$150. Packaging is often tinfoil, lottery papers, coin envelopes or small plastic ziplock bags.

The most recent information from the Drug Enforcement Administration indicates the average price per pure milligram in the first half of 2001 was \$0.95. Heroin purity, which had been increasing since the early 1990s to a peak of almost 50 percent in 1999, was about 43 percent in the first half of 2001, with a range of 37-72 percent.

Knowledgeable sources in Detroit suggest an average daily heroin habit would cost \$50. Some beginning heroin users are injecting rather than the more typical route of snorting the drug first. There have been some very recent hospital ED contacts involving heroin sprinkled into a marijuana cigarette (known as "A-bombs").

3. Other Opiates

Indicators for other opiates remain relatively lower than those for cocaine and heroin, as a long-term trend since the early 1980s. Codeine and its prescription compounds (Schedule III and IV drugs) remain the most widely abused other opiates; codeine indicators are stable. However, there are further increases in certain drugs; including hydrocodone (Vicodin, Lortab or Lorcet), carisoprodol (Soma), and oxycodone (Oxycontin). These drugs are available in a myriad of various combinations involving other drugs in the formulation of the pill or capsule.

Other opiates, as primary drugs among treatment admissions in FY 2001, were reported for 131 cases in Detroit/Wayne County and 1,633 cases statewide. There is no available treatment data for FY 2002 at the time of preparing this report.

Toxicology findings from the Wayne County Medical Examiner laboratory show 225 cases of codeine positivity in the 12 months between April 2001 and April 2002, compared to 246 cases in the prior twelve months.

Hydrocodone (typically Vicodin, Lortab, or Lorcet) began to appear in southeast Michigan hospital emergency room (ED) drug mentions in 1994, with sharp increases in 1998 (185 mentions), in 1999 (238 mentions), in 2000 (371 mentions) and in the first half of 2001 (200 mentions) (Exhibit 1). This drug was identified by the Wayne County Medical Examiner laboratory among 60 decedents in 2000 and in 80 decedents in 2001. Children's Hospital of Michigan Poison Control information on intentional abuse cases

for 2001 show about 40 cases were identified; about half were females. In the first four and a half months of 2002, there were 23 cases of intentional hydrocodone abuse reported to Poison Control.

Carisoprodal (Soma) was identified in 20 Wayne County decedents in 2000 as well as in 30 cases in 2001. There were nine cases of intentional carisoprodal abuse reported to Poison Control over the first four and a half months of 2002. Data from other sources reflect a few such cases of this drug.

The most recent revised southeast Michigan ED drug mentions data from DAWN show 21 oxycodone mentions in 1996, 15 mentions in 1997, 19 mentions in 1998, and 17 mentions in 1999 (Exhibit 1). In 2000, there were 45 mentions, while preliminary data for the first half of 2001 reflects 13 oxycodone mentions. Since about 2000, oxycodone (Oxycontin) has been increasingly reported by law enforcement agencies in arrests, primarily in west and northern lower Michigan. It has been reported that persons in some emergency rooms have asked specifically for this drug for various ailments. Pharmacy break-ins specifically seeking this drug continue to be reported. Oxycodone was found in 10 decedents in Wayne County in 2000, and in 13 cases in 2001. Oxycodone was involved in five intentional abuse cases reported to Children's Hospital of Michigan Poison Control in a three-month period between July-October 2001; four of these were female teens. There have been 10 cases reported to Poison Control in the first four and a half months of 2002. Oxycontin pills sell for between \$0.50-\$1.50 per milligram. In early May of 2002, a lab was seized by Michigan State Police that was potentially attempting to manufacture oxycodone. Over 500 pills have been seized by Michigan State Police in the first three months of 2002.

Methadone was found among 35 decedents in Wayne County between April-September 2001, and in 26 decedents between October 2001 and March 2002.

4. Marijuana

Mexican marijuana continues to be the dominant form, with indicators stable or increasing. Detroit metropolitan area ED data show a steady increasing trend since 1990, with some fluctuations in a few years (Exhibit 1 and 2). In 1999, the case rate for marijuana mentions per 100,000 population was 95, while in 2000 this case rate was 99.

Treatment admissions during FY 2001 in Detroit/Wayne County for marijuana as the primary drug were 985 cases. For this same period statewide, there were 8,528 marijuana admissions as primary drug. There is no available treatment data for FY 2002 at the time of preparing this report.

Marijuana positive drug test findings among Detroit arrestees samples since 1995 have

been relatively stable if not increasing slightly (exhibit 5). Adult males have been found marijuana positive 42-50 percent between 1995 and 2000, while adult females have been positive between 16-28 percent of arrestees. In 2000, among the Wayne County weighted sample of male arrestees 50 percent were marijuana positive. In 2000, among the Wayne County unweighted sample of females, 24 percent of arrestees were marijuana positive. Unweighted results for male arrestees found marijuana positive in the third quarter of 2001 were stable at 46 percent; no data for females is available.

The Wayne County Dept. of Criminal Justice Juvenile Detention Facility drug testing data for 2001 showed 1,929 (45 percent) of 4,274 youths tested were found positive for marijuana.

The majority of marijuana seizures in Michigan originate in Mexico. United States Customs seized about five times as much marijuana (1,782 kilograms) in the six months after September 2001 compared to the prior six months (351 kilograms).

5. Stimulants

Indicator data show increasing levels of methamphetamine abuse in Michigan, mostly in the southwestern corner of lower Michigan.

Southeast Michigan ED drug mentions for stimulants have declined to virtually none in 2000 and remained at none in preliminary data for the first half of 2001 (Exhibit 1). Between 1992 and 1996, there were increases in amphetamine mentions, and then a decline since then. This latest data continues a long-term pattern of no methamphetamine mentions found in this data source.

Methcathinone (cat), an easily manufactured stimulant, was identified in Michigan's Upper Peninsula about 1990 and an epidemic ensued until about 1994 when no further labs were found. A trickle of reported admissions to treatment involving this drug continues; there were nine primary drug admissions statewide in FY 2000, and four in FY 2001.

During FY 2001, among statewide treatment admissions there were 277 primary drug stimulant admissions reported; 11 of these cases occurred in Detroit/Wayne County. This compares to 189 such admissions in FY 2000. The 277 stimulant admissions in FY 2001 live in 52 of the 83 counties in Michigan (10 in Detroit/Wayne County); mostly in rural areas with more admissions in western and southern counties. This compares to the admissions during FY 2000 which resided in 36 counties. Upper Peninsula residents accounted for 49 of these 277 stimulant admissions. There is no available treatment data for FY 2002 at the time of preparing this report.

Mortality data from the Wayne County Medical Examiner laboratory found two cases positive for methamphetamine among decedents between April-September 2001, and

one case between October 2001 and March 2002.

A special analysis of statewide death certificate data done by MDCH Vital Statistics found that there were 35 deaths in both 1999 and 2000 with mention of involvement of amphetamines or stimulants, compared to 1998 (20 deaths) and 1997 (17 deaths).

No methamphetamine has been found in drug testing of Detroit or Wayne County arrestee samples since the testing effort began.

Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine entering the U.S. These imports have been destined for the western part of the U.S., and these drugs are necessary ingredients for making methamphetamine. Intensified efforts by law enforcement after 9/11/01 resulted in indictment of numerous individuals and seizures of thousands of dosage units of pseudoephedrine. United States Customs in Detroit reported seizures of over 10,000 kilograms of pseudoephedrine in the six months after September 2001, compared to 50 kilograms in the six months prior.

The Michigan State Police reported seizing 40 methamphetamine labs in 2000 (all outside Detroit) compared to 14 labs in 1999; during 2001, there were 91 labs seized, and a total of 120 seized by the Michigan State Police, Drug Enforcement Administration, and local departments combined. At least three labs have been found in the Upper Peninsula where none were found in 2000. Environmental cleanups are an increasing issue. At least three labs exploded and burned in 2001, causing serious injuries. Southwestern lower Michigan (particularly Allegan, Van Buren, and Barry counties) have had the most lab seizures. Through early June of 2002, Michigan State Police have seized 105 labs; at this rate the year-end total will double that of 2001.

Michigan has a long history of high per capita distribution of methylphenidate (Ritalin). Per the Drug Enforcement Administration, Michigan ranks third per capita in distribution, with the amount of this drug increasing by 45 percent since 1998 to the point where distribution is 60 percent higher than the national average for all states. Indicators show little evidence of intentional abuse, yet anecdotal reports of such cases continue.

6. Depressants

All indicators are relatively stable for depressants.

Treatment admissions in FY 2001 remained low in proportion to alcohol, cocaine, heroin, and marijuana. Admissions involving depressants typically involved benzodiazepines or sedative/hypnotics. Barbiturates or tranquilizers were less often reported. Depressants continue to more often be involved in treatment admissions as secondary or tertiary drugs.

7. Hallucinogens

Lysergic acid diethylamide (LSD) continues to be sporadically reported and use remains relatively low. LSD is generally limited to high-school age suburban and rural youth. Dose forms are primarily paper cutouts of various designs, although there has been a recent report of a liquid form sold by weight (in grams) which could prove extremely difficult to parcel out into equivalent dosage units as desired for an expected effect.

Hospital ED mentions for hallucinogens have been declining overall since about 1995 (exhibit 1).

During FY 2001, there were 77 hallucinogen admissions as primary drug statewide, with eight of these cases involving PCP.

Law enforcement sources noted more activity with LSD has been recently occurring in northern lower Michigan.

8. Club Drugs

This category of several different drugs include ecstasy, GHB, Rohypnol, and ketamine. Indicators are increasing for ecstasy, becoming stable for ketamine, while declining for GHB. There is still no information from any source or indicator data to suggest Rohypnol use is occurring in Michigan.

The drug known as Ecstasy is typically methylenedioxymethamphetamine (MDMA) or methylenedioxyamphetamine (MDA). Both drugs have been identified in lab testing of samples of ecstasy, sometimes in combination. There are many anecdotal reports of widespread and increasing use since about 1997, but these drugs rarely show up in traditional indicators identifying abuse.

Southeast Michigan ED drug mentions first began to reflect ecstasy in 1998, with six mentions (Exhibit 1). In 1999, there were 40 mentions, while in 2000 there were 60 ecstasy mentions reported. Preliminary data for the first half of 2001 shows 57 ecstasy mentions; this is almost as many as the entire previous year.

Children's Hospital of Michigan Poison Control received reports of 16 cases involving ecstasy in the three-month period between July and October 2001; cases were equally divided among males and females and ranged in age from 13-31 years of age. In the first four and a half months of 2002, there were 20 cases of intentional ecstasy abuse; one in three were under age 20 years.

The Wayne County Medical Examiner laboratory identified one MDMA/MDA death in 1998, two in 1999, and three in 2000. Two cases were found among decedents between April and September 2001; one was a homicide victim. One case was found in the first three months of 2002. Multiple drugs were found in all of these cases.

Ecstasy, sold in various colored and often stamped pill forms, have been seized throughout Michigan. Sources remain western Europe or Canada (where it is rumored that labs are operating in Quebec or Ontario). Wholesale prices can be as low as \$10 a pill for quantities of 500 via Canada. Terms such as “jars” (quantities between 30-100 pills) and “buckets” (up to 1,000 pills) continue to be used in the distribution chain. Customs seizures via airport and land seizures involving the border were 14, 145 pills in 1998, 42,000 pills in 1999, 131,000 pills in 2000, almost 400,000 pills in 2001. Projections for 2002 are that Detroit Customs will seize 1.2 million ecstasy pills by year end. Users are typically college students or young professionals, often in dance settings. Many urban and suburban areas outside Detroit are noted as having significant ecstasy use. Most recent samples of pills submitted as ecstasy have been found to contain various other drugs, or no identifiable drugs. Recent samples have variously contained methamphetamine, ketamine; dextromethorphan, PCP and ephedrine.

Since 1998, there have been several indicators of increasing ketamine use. Break-ins to veterinary clinics have continued in efforts to obtain this drug. Children’s Hospital of Michigan Poison Control Center was consulted on three cases of hospitalization involving ketamine during the first six months of 2001. There were two cases of intentional ketamine abuse reported to Poison Control over the first four and a half months of 2002.

Michigan State Police arrested 15 individuals for ketamine during the first nine months of 2001, and seized over one thousand grams in powder form. In July 2001, the Drug Enforcement Administration arrested three individuals on their way to suburban Detroit from California with 21, 600 vials of ketamine in liquid form, which weighed more than 2,100 pounds. This was the largest seizure of ketamine to date by the DEA.

Gamma-hydroxybutyrate (GHB) and gamma-butyrolactone (GBL) abuse began to be reported about 1997, with peaking in cases occurring about 1999 in both ED mentions and poison control case reports. Use has been primarily in nightclubs and at private parties. The ED mentions of GHB totaled 45 in 1999, and 12 in 2000 (Exhibit 3). Children’s Hospital of Michigan Poison Control case reports totaled 100 cases in 1999, about 35 cases in 2000, and about half that many in 2001. In the first four and a half months of 2002, Detroit Poison Control was notified of three intentional GHB abuse cases.

9. Other Drugs

Nitrous oxide continues to be reported as being used at private parties and dance venues; most often it is used in combination with a variety of other drugs, primarily ecstasy.

Inhalants continue to be reported as commonly used, mostly by teens and young adults.

Intentional abuse of Coricidin HBP (an over-the-counter cold and flu medicine) is increasing in case reports to Children's Hospital of Michigan. These tablets contain dextromethorphan. Multiple tablets are taken for a dissociate effect; use of up to 40 pills at a time has been reported.

During 2000, there were 44 cases reported, while in the first 10 months of 2001, there have been at least 52 cases involving this drug. Most cases involved teens, and nearly two of every three cases were males. Approximately two of every three of these cases involved hospitalization. In the first four and a half months of 2002, there have been 52 intentional abuse cases reported to Poison Control. Among these cases, a typical male is 16 years old while a typical female is 14 years old. Eight of these cases were suspected suicide attempts.

Cough syrup abuse (also containing dextromethorphan) is also continuing to be noted. Shoplifting is reportedly a common way of obtaining these drugs.

Khat (plant material grown in the middle east part of the world that much be freshly harvested to produce it's desired effects) continues to be seized in quantity in airports in Michigan.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

As of January 1, 2002, a cumulative total of 11,925 cases of AIDS have been reported in Michigan. Only two of Michigan's 83 counties have no reported AIDS cases. Cases in Detroit/Wayne County continue to account for 55 percent of Michigan's total cases.

Injecting drug users (IDUs) continue to account for 30 percent of total AIDS cases; 23 percent having only this risk factor and seven percent having both IDU and male-to-male sex as risk factors.

Among cases reported currently living with AIDS or HIV, of the 8,090 males, 14 percent are IDUs and seven percent are in the dual risk group.

Among the 2,388 females living with AIDS or HIV, 31 percent are IDUs, 39 percent were infected through heterosexual contact, and 26 percent have undetermined risk factors.

Michigan ranks 17th among all states with an AIDS case rate of 113.9 per 100,000 population.

Statewide HIV prevalence is now estimated at a maximum of 3,410 IDUs and 1,090 IDUs who also engage in male-to-male sex. The estimate for IDUs is a slight increase over prevalence estimates for the prior six months, while the dual risk group estimate is also an increase from that earlier period. Total HIV prevalence estimate for Michigan

increased from 13,500 cases to 15,300 cases.

Hepatitis C cases reported to the Michigan Department of Community Health communicable disease surveillance system began to show increases in 1998 with 464 cases, compared to 362 cases in the prior year. In 1999, total cases increased to 798 (72 percent), and in 2000 cases again increased sharply to 2,754; this represents a 245 percent increase. Much of this apparent increase is attributed to better reporting and more people being tested rather than an increase in individuals being infected, however.

DETROIT
ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG MENTIONS
SEVEN-COUNTY AREA SOUTHEAST MICHIGAN
1994–2001*

	1994	1995	1996	1997	1998	1999	2000	2001*
Drugs Mentioned								
Alcohol-in-combination	7,220	8,379	9,087	7,984	7,992	7,199	8,447	3,910
Cocaine	7,964	8,767	10,435	8,093	8,617	7,699	7,880	3,612
Heroin/morphine	2,160	2,390	3,188	3,028	2,879	2,653	3,328	1,812
PCP/PCP combinations	26	56	21	19	20	24	21	17
LSD	99	143	57	74	27	63	16	12
Amphetamine	305	292	440	359	362	178	...*	...*
Methamphetamine/speed	17	...*	...*	...*	0	...*	...*	...*
Marijuana/hashish	2,955	3,875	4,210	3,742	4,335	4,100	4,344	2,170
GHB	...*	0	...*	...*	11	45	12	...*
Ketamine	-	0	0	...*	...*	...*	1	12
MDMA (ecstasy)	...*	0	0	...*	6	40	60	57
Rohypnol	-	0	0	0	0	0	0	0
Hydrocodone	89	129	165	160	185	238	371	200
Drug Episodes	17,653	18,626	20,796	17,604	17,477	16,125	17,042	8,577
Total Drug Mentions	31,633	34,192	38,952	32,487	32,582	30,207	32,740	16,198
Total ER visits (in 1000s)	1,436	1,513	1,537	1,449	1,461	1,481	1,474	736
Drug Episodes (rate/100,000)	432.4	451.4	498.2	417.1	409.1	373.7	388.4	189
Drug Mentions (rate/100,000)	775.5	827.6	933.1	769.7	763	700	746.1	357

Dots (. .) Indicate that an estimate with a relative standard error greater than 50% has been suppressed.

* 2001 Preliminary data

SOURCE: SAMHSA, Drug Abuse Warning Network files.

DETROIT
ESTIMATED RATES OF EMERGENCY ROOM DRUG MENTIONS/EPISODES
SEVEN-COUNTY AREA SOUTHEAST MICHIGAN
1994-2000

<u>Rate of:</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	
Total drug episodes	432	451	498	417	409	374	388	
Total drug mentions	775	828	933	770	763	780	746	
Cocaine mentions	203	212	250	192	202	178	179	
Heroin mentions	53	58	76	72	67	61	76	
Marijuana mentions	72	94	101	89	101	95	99	
Episodes by age group								
6-17 years	130	132	130	97	87	87	90	
18-25 years	610	616	586	558	532	448	445	
26-34 years	772	770	842	656	645	554	557	
35 + years	400	440	514	439	437	414	440	
45-54 years	352	399	492	463	496	519	568	(+101.6%)
55 + years	62	68	73	80	80	80	93	(+65%)

All rates are per 100,000 population

Source: SAMHSA, Drug Abuse Warning Network files

DETROIT/WAYNE COUNTY POSITIVE DRUG TOXICOLOGY CASES ^{a,b}
INDEPENDENT OF CAUSE OF DEATH
1995–2002

Month	1995		1996		1997		1998		1999		2000		2001		2002	
	Heroin	Cocaine	Heroin	Cocaine	Heroin	Cocaine	Heroin	Cocaine	Heroin	Cocaine	Heroin	Cocaine	Heroin	Cocaine	Heroin	Cocaine
Jan	16	31	21	36	17	29	21	32	23	21	43	39	52	50	29	25
Feb	14	23	16	29	27	33	26	27	31	20	37	27	40	36	35	28
March	11	28	13	15	13	29	21	27	41	33	34	38	45	39	48	32
April	12	25	11	33	24	29	23	35	29	34	42	24	38	32		
May	19	36	10	19	14	22	16	32	28	33	56	46	33	27		
June	25	31	25	32	24	30	33	38	40	32	42	32	36	30		
July	25	27	21	32	30	26	21	32	30	25	44	36	46	42		
Aug	13	14	23	29	27	28	25	25	29	31	35	36	46	36		
Sept	12	16	18	25	33	22	29	37	31	21	23	24	32	24		
Oct	16	29	29	34	27	32	27	33	37	35	39	26	47	42		
Nov	21	29	20	28	27	28	32	32	41	32	40	35	23	22		
Dec	19	28	33	37	24	36	35	35	23	25	38	33	27	26		
TOTAL	203	342	240	349	287	344	308	384	383	342	473	396	465	406		

^a Deaths involving heroin, cocaine, or both

^b Source: Wayne County Medical Examiner's Office

**Drug Abuse and Drug Overdose as Cause of Death
Macomb County, Michigan**

<u>Year</u>	<u>No. of cases</u>	<u>Percent change vs. prior year</u>
1990	16	-
1997	41	+156%
1998	42	+2%
1999	55	+31%
2000	74	+34%
2001	66 (3 cases pending)	-11%

Age Groups of Cases

<u>Year</u>	<u><20</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>70-79</u>
1998	-	5	14	17	4	1	1
1999	-	7	22	23	2	-	-
2000	1	5	27	32	7	2	-
2001	-	11	21	25	6	3	-

The most common drug involved in these cases was heroin (morphine). Three cases in each of the years 1999, 2000, and 2001 were non-white. In 1999, 22 cases were females and 33 cases were males. In 2000, 19 cases were females and 55 cases were males. In 2001, 12 cases were females and 54 cases were males.

Source: Office of the Medical Examiner, Macomb County Health Department

ARRESTEE DRUG ABUSE MONITORING DATA
1995-2001* Urine Test Results - Adults
Detroit, Michigan**

Heroin	Males positive (%)	Females positive (%)
1995	6	17
1996	7	18
1997	5	9
1998	7	22
1999	9	16
2000**	8	24
2001***	8	N/A
Cocaine		
1995	30	61
1996	27	53
1997	23	48
1998	28	46
1999	27	46
2000**	24	42
2001***	22	N/A
Marijuana		
1995	42	16
1996	46	19
1997	44	28
1998	47	22
1999	48	26
2000**	50	24
2001***	46	N/A

*In year 2000, revised sampling strategy was implemented to reflect Detroit/Wayne County representative sample; earlier samples were city of Detroit arrestees only.

**Results for 2000 are based on weighted sample for male arrestees, and unweighted sample for female arrestees.

***Results for 2001 are for third quarter only. They are preliminary and unweighted.

Source: National Institute of Justice